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DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

Exhibit E

	EGAL NAME OF DECEAS	SED (Include AKA	's, if any) (First, M	Middle, Last)		H 5	(Maiden)		DATE OF DEATH (mm-dd-yyyy)	ACTUAL OR PRESU	
GA	BRIEL MIRANDA	IR .				62 10			NOVE	MBER 14, 2016	
3. SE	EX 4. D	ATE OF BIRTH	(mm-dd-yyyy)	5. AGE-Last Birt (Years)	hday	Mo Days	Hours	Min 6	. BIRTHPLACE (C	City & State or Foreign Cou	
MA	ALE .	250	2002	STATUS AT TIME	13		O SURVIVING	SPOLISE'S NA	RICHMOND,	TX name prior to first marriage	
7. SC	OCIAL SECURITY NUME	SEH	9 - 1 / 1 / 1		Never Marrie	Married Linknown	9. SUNVIVING	SFOUSE S INF	INIC (II WIIE, GIVE I	larie proi to iliai mamage	
100	9551 RESIDENCE STREET A	DDDESS	U WIGOWGO	Divolced	ZZ Nevel imalia		I 10b. APT. NO) 110c. Cl	TY OR TOWN		
iua.	. HESIDENCE STREET A	DUNESS									
120	1202 LITTLE CREEK DRIVE					NA 10f. ZIP CO		HARLINGE 10g. INS		N SIDE CITY LIMITS?	
100.	COUNTY					102				□ No	
	MERON FATHER'S NAME PRIOR	TO FIRST MARE	TEXAS		12. MOTI	HER'S NAME PRIC	78550 OR TO FIRST MAR	RIAGE			
30						FUENITEO					
GA	ABRIEL MIRANDA	SR		13	. PLACE OF DEA	TH (CHECK ONLY	ONE)	110	7 0 7 1		
100	DEATH OCCURRED IN A Inpatient ER/Ou					THER THAN A HO	SPITAL: SHome Other	(Specify)			
1000	COUNTY OF DEATH						O) 16. FACILITY		nstitution, give stre	eet address)	
-											
HIE	DALGO INFORMANT'S NAME &	REI ATIONSHIP T	EDINBURG,	78539	T18 MAILING AL	DDRESS OF INFO	DOCTOR RMANT (Street and		AL AT RENA State.Zip Code)	ISSANCE	
17.1	IN STINANT STANIE &	LEATIONSHIP I	DEGLAGES			0= 5	عاد المساول	1			
GA	ABRIEL MIRANDA	SR FATHER	۹	Ino pio	1202 LITTL	E CREEK DR	IVE, HARLING	EN, TX 78		3 / /	
P. C. C.	METHOD OF DISPOSITI	emation	☐ Donation	ACTING	AS SUCH	DENGE NUMBER	JI FUNERAL DIRE	JOH ON PE	ASON 21.	Unkni	
	Entombment	Removal	rom state	OPI	ANDO AL BEI	OTO ELIZONE	O BY ELECT	PONIC	Section	n R	
	Other (Specify)				NATURE - 110		O,BI ELLOT	HOMO	Block	CALL CALL	
22. F	PLACE OF DISPOSITION	N (Name of cemet	ery, crematory, of	ther place)	23. LOC/	23. LOCATION (City/Town, and State)			Lot	42	
MC	MONT META MEMORIAL PARK CEMETERY				SANB	SAN BENITO, TX			Space	5	
24.1	24. NAME OF FUNERAL FACILITY				25. COM	IPLETE ADDRESS	OF FUNERAL FAC	CILITY (Street	and Number, City,	, State, Zip Code)	
TRINITY AT HARRISON FUNERAL HOME 1002 E HAR						HARRISON,	HARLINGEN,	TX 78550		7 7 2	
Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.											
	Certifying physician-To the b Medical Examiner/Justice of									tated	
(A)	SIGNATURE OF CERTIF	the reduce of the t				eath occurred at the ti	me.date and place, ar	nd due to the cau	se(s) and manner s		
27.5	SIGNATURE OF CERTIF	IER	and the contract	ye. Odd	28. DATI	eath occurred at the ti E CERTIFIED (mm	me,date and place, ar i-dd-yyyy) 29. Lli	CENSE NUMB	se(s) and manner si ER 30. TIME (OF DEATH(Actual or presu	
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VICTOR A. FARINELLI ACTING STATE REGISTRAR



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